Denials Management The Devil is in the Details…Not Georgia

Kimberly Hartsfield, EVP Growth Enablement

VisiQuate

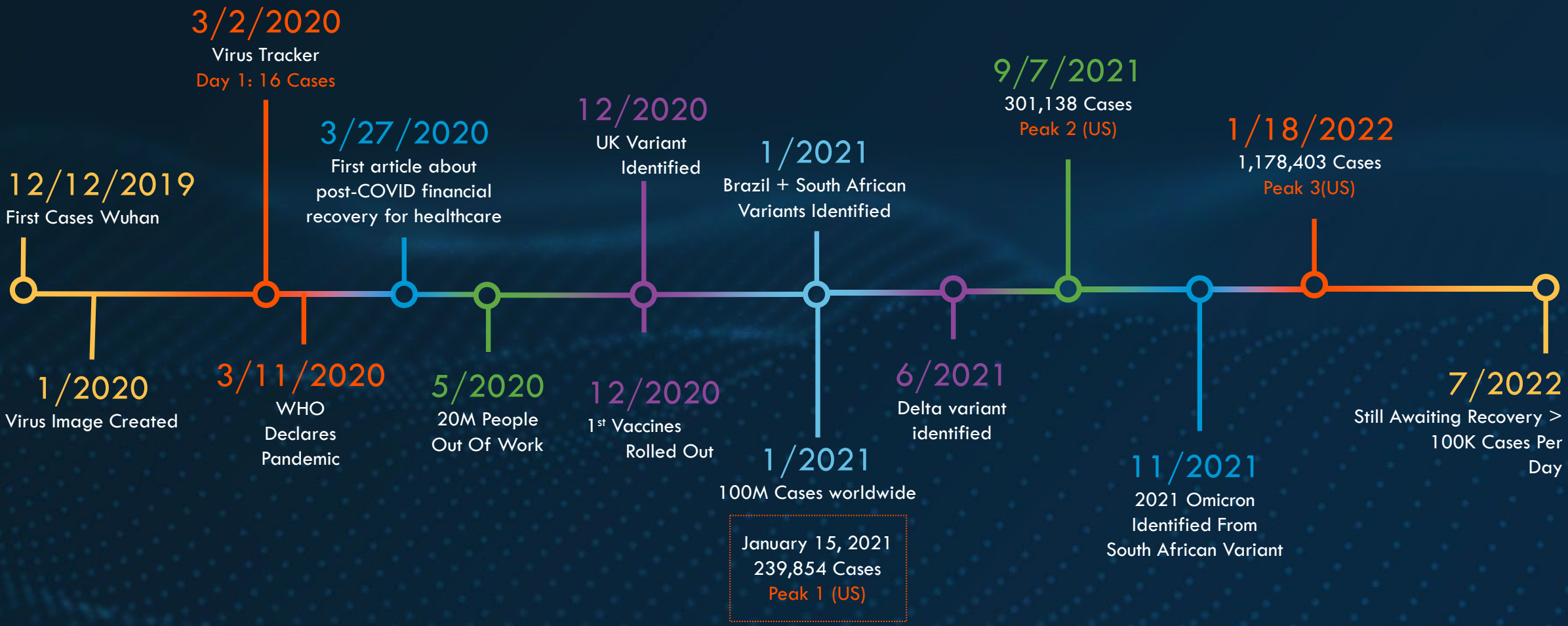
A Little Bit About Me

LSU
GEAUX TIGERS

SMU

WOOO
PIG
SOOIE

How We Got Here



What Happened:

Closed Clinics

Cancelled Elective Procedures

Stayed Home

LOST REVENUE

$323B

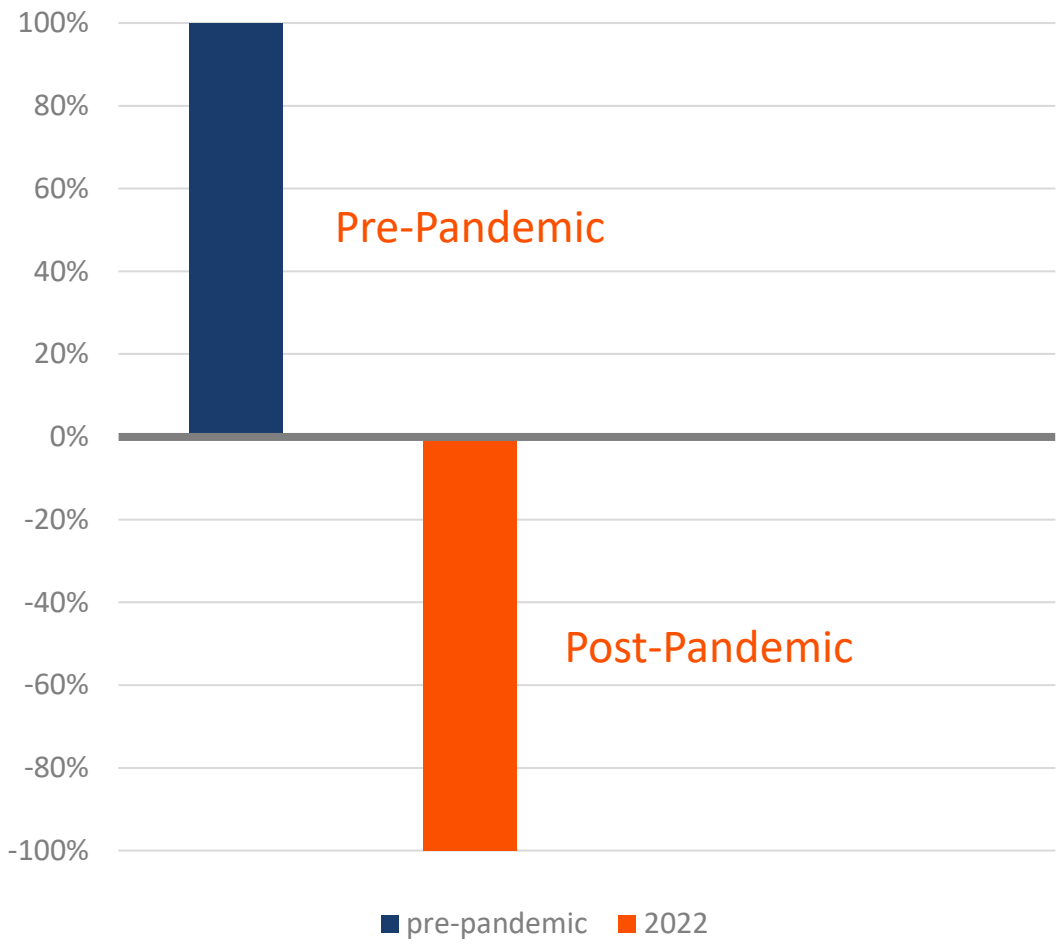
2020

$75B

2021

Source: AHA & Kaufman Hall

MARGINS



Pre-Pandemic

+3.5%

Post-Pandemic

-3%-4.5%

Source: AHA

The Current Situation

Drug Cost	+24%
Supply Cost	+17%
Non-Labor Cost	+17%
Purchased Services	+15%
Labor Cost	+14%

Complicated by increase in self pay, overall declining reimbursement and inflation

Source: Kaufman Hall

Average Clinical Staffing Costs for 500 Bed Hospital Increased $17M Annually

Thinking Local: Mercy One Central in Des Moines 965 Beds Estimated $34M Annual Cost Increase

Denials Management

Denials By The Numbers

231 Million Claims Filed

42 Million Denied~18%

3% Lost Net Patient Revenue

No Good News

$262B Denied Dollars

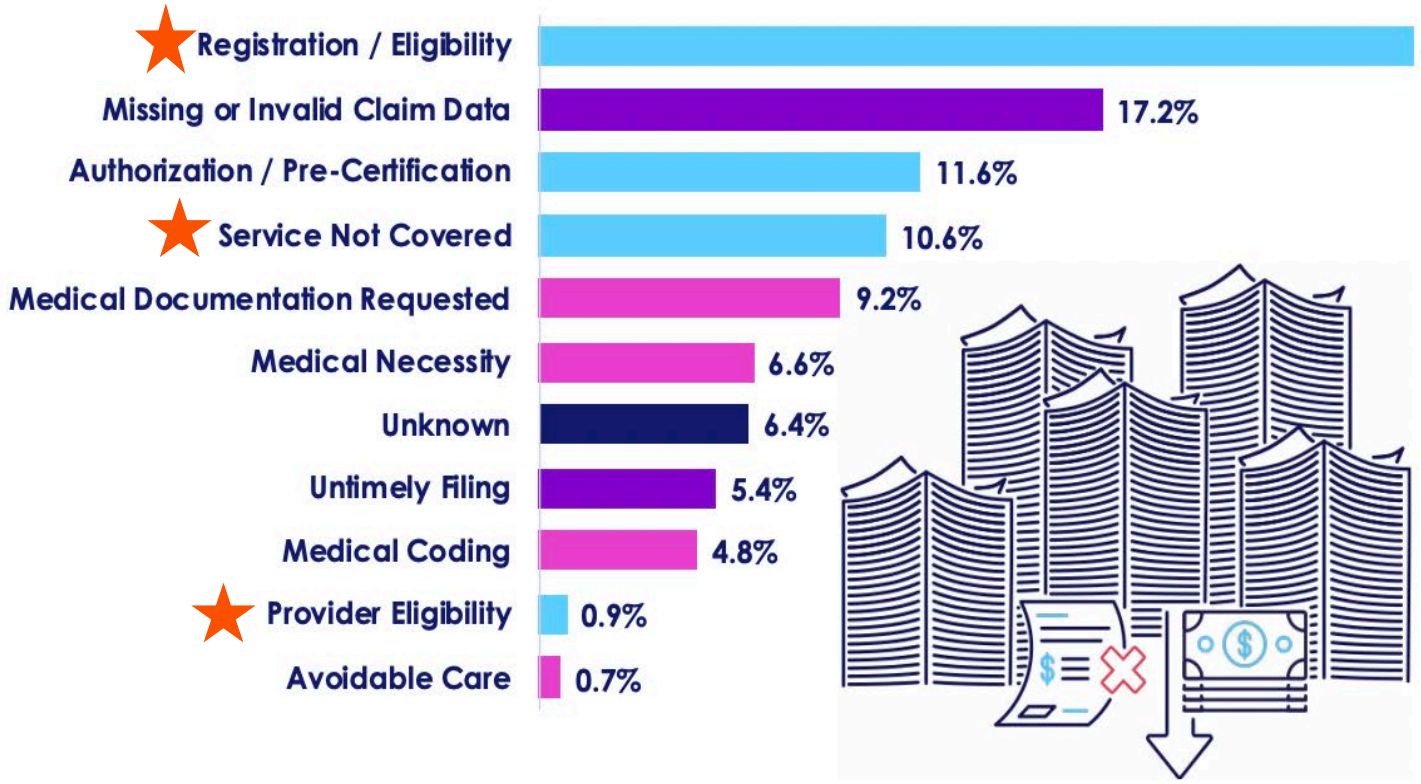
Denials Continue To Increase Year Over Year

Successful Appeals Continue to Decrease

Why Claims Get Denied

Denials Start Here

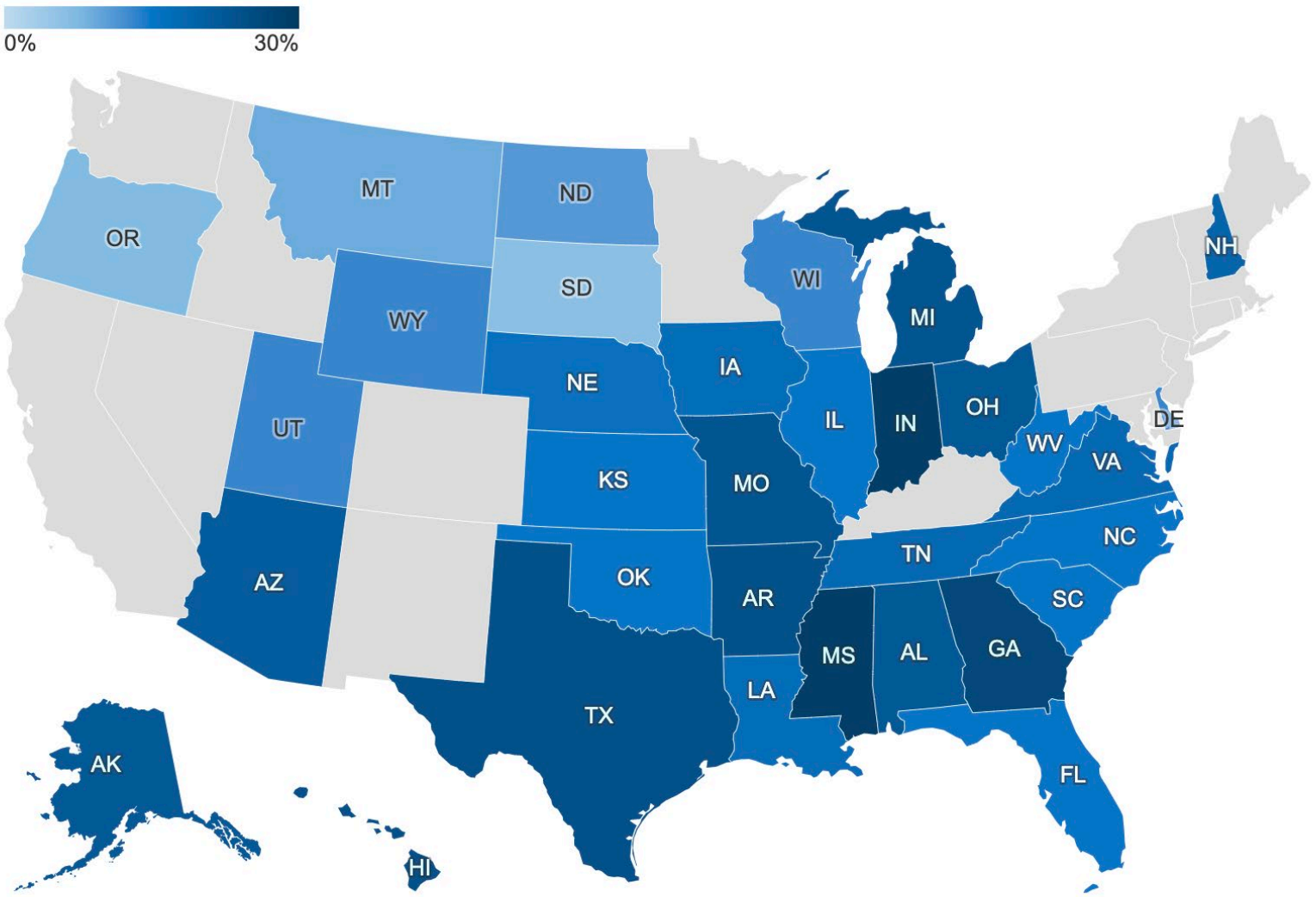
The top cause of denials has remained constant since 2016: Registration/Eligibility, approaching 27% of denials.



Methodology: Remit processing categorizes adjustment codes and associated dollars on remits into one of five categories: contract adjustment, bundled charges, prior payment adjustment, patient responsibility, and denials. Denials are then broken down into one of nine causes presented here. We then associate denials causes with front-end, mid-cycle, or back-end revenue cycle stages.

Figure 3

Average Denial Rate for In-Network Claims by HealthCare.gov Issuers, by State, 2020



SOURCE: CMS Transparency in coverage data for 2020 plan year. • PNG

KFF

Denials Variation By State

65% of Denials Are Never Resubmitted

Cost to Rework Denial $25-$118

LOTS OF WAYS TO SAY NO

CARC/RARC COMBINATIONS FOR NON-COVERED SERVICE

968

Georgia's Not Looking Quite So Peachy

Anthem BCBS of GA

$5 million

for improper claims settlement practices

Denial Rates:
2015-23.6%
2016-29.4%
2017-26.1%
2018-5%
2019-40.5%
2020-20.7%

DENIAL TYPE SEGMENTATION

By Payer

	Financial Class	YTD Denials	Accounts	Area 1	Area 2	Area 3	Area 4	Area 5
1	Medicare	$69M	9,437	Care Coordination / Coding	COB	Ineligible Coverage	Coding Invalid Diagnosis Code	Insurance Verification
2	Payer 1	$57M	4,081	Auth Missing or Invalid	Missing or Invalid Documentation	Information from Member	*Missing Itemized Bill*	COB
3	Managed Medicare	$53M	6,442	Auth Missing or Invalid	COB	Care Coordination / Coding	Internal Billing Error	Missing or Invalid Documentation
4	Managed Medicaid	$51M	7,577	Auth Missing or Invalid	COB	Information from Member	Ineligible Coverage	Missing Itemized Bill
5	Managed Care	$36M	3,260	Internal Billing Error	Auth Missing or Invalid	Ineligible Coverage	COB	Missing or Invalid Documentation
6	Payer 2	$22M	1,945	COB	Medical Necessity	Information from Member	Missing Itemized Bill	Ineligible Coverage
7	Medicaid	$19M	1,229	Ineligible Coverage	COB	Care Coordination / Coding	Missing or Invalid Provider Info	Auth Missing or Invalid
	Total	**$340M**	**36,733**	Care Coordination / Coding	Auth Missing or Invalid	COB	Ineligible Coverage	Missing or Invalid Documentation

DRG DENIALS BY FINANCIAL CLASS / INPATIENT SEGMENTATION

	Financial Class	YTD TOTAL Denials	Volume	DRG Service Line Area 1	Member or Clinical Denial Subtype	DRG Service Line Area 2	Member or Clinical Denial Subtype	DRG Service Line Area 3	Member or Clinical Denial Subtype
1	Medicare	$58M	1,252	Internal Medicine: $16M	Non-Covered Diagnosis / DRG Downgrade: $13.3M	Cardiac / Thoracic / Vascular: $11M	Non-Covered Diagnosis / DRG Downgrade $8.5M	General Surgery: $9M	Non-Covered Diagnosis / DRG Downgrade $6.4M
2	Managed Medicare	$30M	584	Internal Medicine: $7.2M	Auth Missing or Invalid: $1.7M	Orthopedics: $4.8M	Auth Missing or Invalid: $1.1M	Cardiac / Thoracic / Vascular: 4.3M	Auth Missing or Invalid: $420K
3	Payer 1	$28M	616	General Surgery: $6.5M	Information from Member: $1.9M	Internal Medicine: $4.8M	Auth Missing or Invalid: $810K	Cardiac / Thoracic / Vascular: $4.2M	Auth Missing or Invalid: $576K
4	Managed Medicaid	$13M	297	Orthopedics: $4.1M	Information from Member: $2.6M	General Surgery: $4.9M	OP Service within IP Period: $1.4M	Internal Medicine: $1M	Auth Missing or Invalid: $422K
5	Managed Care	$20M	442	Internal Medicine: $3.3M	Eligibility not Met: $388k	Cardiac / Thoracic / Vascular: $2.9M	Non-covered / not-specificed: $906k	Orthopedics: $2.6M	Auth Missing or Invalid: $487K
6	Payer 2	$10M	285	General Surgery: $2.2M	Medical Necessity: $791k	Orthopedics: $1.8M	Benefits Maxed: $700k	Internal Medicine: $1.5M	Medical Necessity: $247K
7	Medicaid	$2.5M	30	Oncology/Hematology: $781k	Not Covered by this Payer: $775k	OBGYN: $238k	Patient Eligibility not Met: $238k	Internal Medicine: $376M	Service Category Issue: $306k

OUTPATIENT CPT DENIAL SEGMENTATION

	FC	YTD Denials	Volume	Area 1	Top CPTs	Denial Subtype	Area 2	Top CPT	Denial Subtype
1	Medicare	$14M	3,288	Pharmacy: $3.4M	Keytruda J9271; Remicade J1745; ESAs Q5106	Med Necessity / Eligibility	E/M Emergency Visits: $1.7M	ER Levels 3 -5 99283 - 5	Non-covered Benefit Exclusion
2	Payer 1	$16M	2,081	Pharmacy: $5.0M	Ocrevus J2350; Entyvio J3380; Uplizna J1823	Med Necessity / Eligibility / Auth	Women's Health + Musculoskeltal: $3.8M	Knee reconstruction 27447; Hysterectomy 58571	Auth Absent or Missing
3	Managed Medicare	$17M	4,665	Pharmacy: $3.9M	Keytruda; Imfinzi J9173; Rituxan J9312	Auth / Eligibility / Coding	Musculoskeletal+ E/M ED $2.6M	Tendon graft 20924; ER Level 3-5	Re-admission & Level of Care Change
4	Managed Medicaid	$13M	1,971	Women's Health: $4.9M	Hysterectomy 58571: $1.6M	Missing Consent Form	Pharmacy: $3.2M	Ocrevus; Keytruda; Ultomiris J1303	Auth Absent or Missing
5	Managed Care	$11M	1,898	Pharmacy: $1.9M	Tysabri J2323; Ocrevus; Ultomiris	Auth / Eligibility	E/M Emergency Visits: $1.2M	ER Levels 3 -5	Not qualified as emergent / qualifying procedure req'd
6	Payer 2	$5M	745	Cardiovascular: $1M	EP Ablations 93653-56	Auth / Non-covered benefit	Musculoskeletal: $700k	Computer assisted surgery 20985	Medical Necessity
7	Medicaid	$3M	288	E/M Emergency Visits: $800K	ER Levels 3 -5	Patient eligibility not met	Muskuloskeletal: $370K	Hand fracture 26735	Non-covered service

Drill to Detail

L1

DNSP

A/R Days

Cash Goal

L2

DNFC

DNFB

FBNS

Rebills

Denials

Self-Pay

Write-offs

Cash Posting

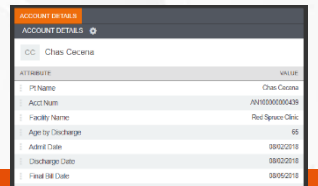
POS

L3

List of like accounts

L4

Card view of individual accounts



Drill to Detail

L1

DNSP

A/R Days

Cash Goal

L3

L4

L2

Acct Num	Acct Suff	Admit Date	Denial Code	Denial Desc	Diagnosis	Discharge Date	EMPI	Facility Code	Final Bill Date
Total									
AN100002105396		8/19/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	V53.32	8/19/2018	1000521077	FA6	8/27/2018
AN100003012163		7/21/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	332.0	7/21/2018		FA6	7/28/2018
AN100002852046		5/12/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	239.6	5/17/2018	1000649372	FA6	5/21/2018
AN100002089048		8/11/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	518.81	8/21/2018	1000270204	FA6	8/25/2018
AN100001327928		7/28/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	414.01	8/1/2018	1000030958	FA6	8/5/2018
AN100000588214		7/28/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	742.4	8/3/2018	1000172857	FA6	8/7/2018
AN100000002566		8/17/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	569.1	8/19/2018	1000092837	FA6	8/23/2018
AN100003018134		6/25/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	227.3	6/30/2018		FA6	7/7/2018
AN100002339944		6/21/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	427.31	6/22/2018	1000669879	FA6	6/26/2018
AN100002339944		6/21/2018	45	CHGS EXCD FEE SCH/MAX ALLOWABLE.	427.31	6/22/2018	1000669879	FA6	9/26/2018

enials

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POS

List of like accoun

ACCOUNT DETAILS

ACCOUNT DETAILS

CC Chas Cecena

ATTRIBUTE	VALUE
Pt Name	Chas Cecena
Acct Num	AN100000000439
Facility Name	Red Spruce Clinic
Age by Discharge	65
Admit Date	08/02/2018
Discharge Date	08/02/2018
Final Bill Date	08/05/2018
Last Pmt Date	09/08/2018
Collection Segment	0
Current Payer Group	BCBS
Orig Payer Group	MEDICARE
Current Balance	$ 0.00
Current Pt Balance	$ 0.00
Expected Reimb	
Total Adjustments	-$ 199.12
Total Chg	$ 370.00
Total Payments	-$ 170.88
Last Denial Category	
Pt Type	Outpatient
Diagnosis	V43.21
DRG	NONE
EMPI	1000569336
Guar SSN	1000876324
MRN	11385002

Card view of individual accounts

End-to-End Dashboard

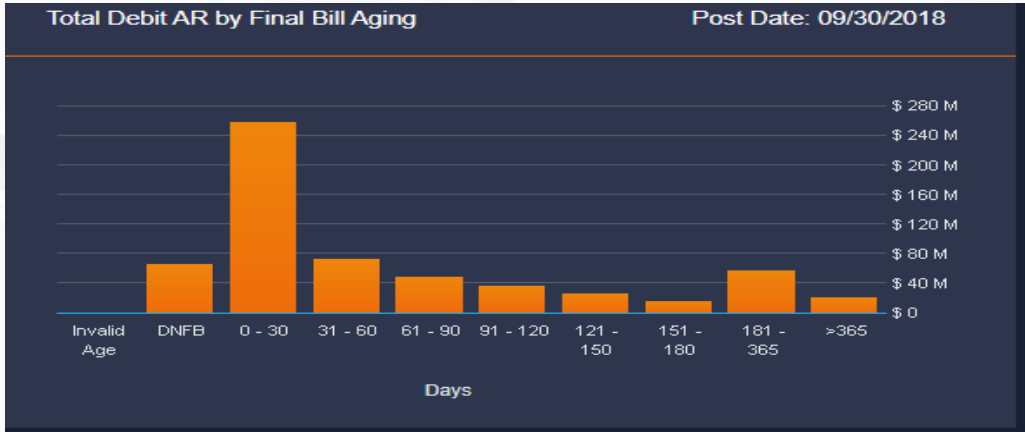
- Highest level intended to provide insight into the entire revenue cycle
- Promotes management by exception

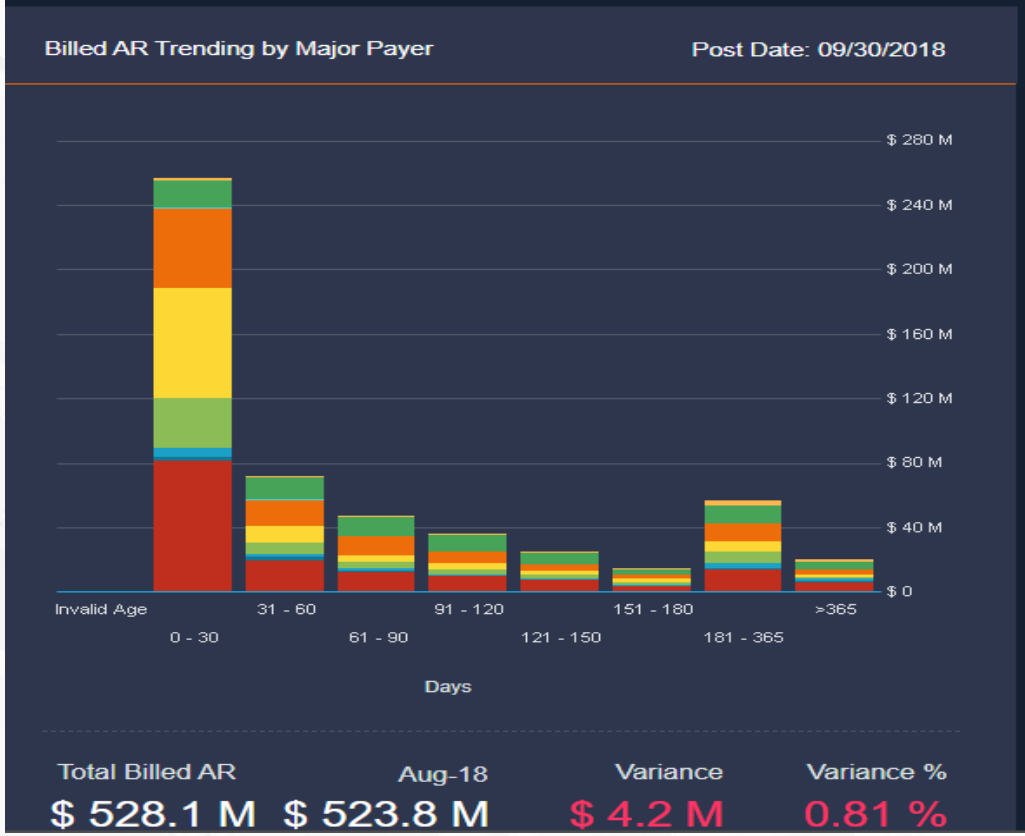
Key Performance Indicators

13 MONTHS TREND	KEY PERFORMANCE INDICATOR	CATEGORY	ACTUAL	TARGET	TARGET HEAT	VARIANCE	TRENDING
	MTD Cash	Cash	$ 79.8 M	$ 74.2 M	Above Range	7.56%	▲
	MTD Avg Daily Cash	Cash	$ 4 M	$ 3.7 M	Above Range	7.56%	▲
	FYTD Cash	Cash	$ 647.3 M	$ 640.4 M	Above Range	1.08%	▲
	FYTD Avg Daily Cash	Cash	$ 3.3 M	$ 3.3 M	In Range	1.08%	▲
	MTD POS Cash	Cash	$ 781 K	$ 1 M	Critical	-21.90%	▲
	FYTD POS Cash	Cash	$ 6.3 M	$ 8.2 M	Critical	-23.08%	▲
	AR Outstanding	AR	$ 587.1 M	$ 603 M	In Range	-2.65%	▲
	AR Days	AR	55.4	57.7	In Range	-4.00%	▲
	DNFB Days	DNFB	6.2	6.5	Above Range	-5.27%	▼
	% of Billed AR > 120	AR	22.88%	23.25%	Caution	-0.37%	▼
	% of Billed AR > 90	AR	29.94%	29.00%	Caution	0.94%	▲
	Open Credit Balance AR	AR	$ 6.5 M	$ 6.4 M	Caution	2.37%	▲
	Denials Write-Offs	Denials	$ 12.5 M	$ 13.5 M	Above Range	-7.78%	▲
	Bad Debt Expense	Bad Debt	$ 5.4 M	$ 5.5 M	In Range	-1.16%	▼
	Charity $	Charity	$ 4.9 M	$ 5 M	In Range	-2.13%	▲

Point Solution Dashboard

- Subject area specific view of the rev cycle
- Grouped by various demographics or process related attributes
- Intended to filter out noise to identify root cause





Key Metrics

	Sep-18	Aug-18	Variance
MCR > 60 Days	$ 31.6 M 26.64 %	$ 31.1 M 26.41 %	$ 484.5 K 1.56 %
MCD > 120 Days	$ 7.8 M 48.07 %	$ 8.6 M 52.33 %	- $ 792.5K - 9.22 %
INS > 90 Days	$ 107.3 M 28.37 %	$ 101.1 M 26.93 %	$ 6.2 M 6.18 %

Major Payer

	Sep-18	Aug-18	Variance
Commercial	$ 153.3 M 29.04 %	$ 151.8 M 28.98 %	$ 1.5 M 1.00 %
International	$ 7.6 M 1.44 %	$ 7.2 M 1.38 %	$ 372.1 K 5.15 %
Medicaid	$ 15.2 M 2.87 %	$ 15.3 M 2.91 %	- $ 83.2K - 0.55 %
Medicaid HMO	$ 57.2 M 10.82 %	$ 59.7 M 11.39 %	- $ 2.5M - 4.19 %
Medicare	$ 98.9 M 18.72 %	$ 97.4 M 18.59 %	$ 1.5 M 1.49 %
Medicare Adv	$ 106.2 M 20.11 %	$ 102.4 M 19.54 %	$ 3.8 M 3.73 %
Other	$ 562.3 K 0.11 %	$ 226.7 K 0.04 %	$ 335.6 K 148.07 %
Self Pay	$ 79.1 M 14.99 %	$ 79 M 15.07 %	$ 175.7 K 0.22 %
Workers Comp	$ 9.7 M	$ 10.5 M	- $ 823.7K

Detailed View of Similar Accounts

- Filter and sort like account to determine possible root causes
- Can be used to export accounts to FLO workstreams
- Drill into specific accounts for additional research

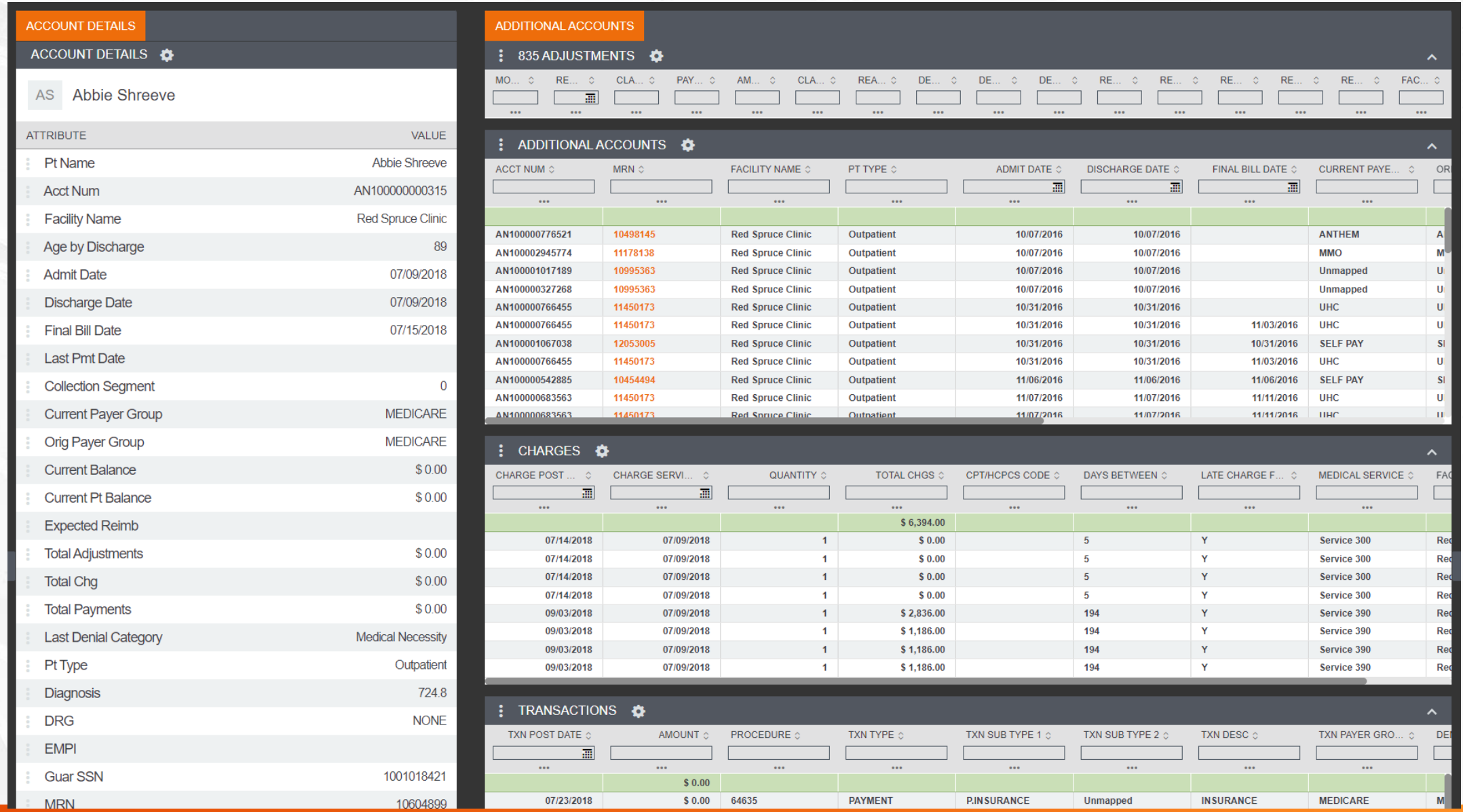
Acct Num	Acct Suff	Admit Date	Deceased Flag	Diagnosis	Discharge Date	EMPI	FC Curr Code	FC Curr Name	FC Orig Code	FC Orig Name	Flag - Self Pay Category	Flag: HB/PB	Last Pmt Date
Total													
AN100000000034		9/16/2018	N	42833	9/23/2018	1000078036	FC28	FEDERAL MEDICARE	FC28	FEDERAL MEDICARE	Medicaid Pending	HB	
AN100000000313		9/22/2018	N	5990	9/22/2018	1000828839	FC28	FEDERAL MEDICARE	FC28	FEDERAL MEDICARE	None	HB	
AN100000000315	1175710	7/9/2018	N	724.2	7/9/2018		FC18	MEDICARE	FC18	MEDICARE	None	PB	9/3/2018
AN100000000315	1845881	7/9/2018	N	724.2	7/9/2018		FC18	MEDICARE	FC18	MEDICARE	None	PB	9/3/2018
AN100000000315	1863450	7/9/2018	N	724.2	7/9/2018		FC18	MEDICARE	FC18	MEDICARE	None	PB	9/3/2018
AN100000000315	2087308	7/9/2018	N	724.2	7/9/2018		FC18	MEDICARE	FC18	MEDICARE	None	PB	9/3/2018
AN100000000333		8/11/2018	N	V57.1	8/31/2018	1000752463	FC66	MEDICARE		NONE	None	HB	
AN100000000482	2078602	9/8/2018	N	719.45	9/8/2018	1000318494	FC18	MEDICARE	FC18	MEDICARE	None	PB	
AN100000000482	2258419	9/8/2018	N	719.45	9/8/2018	1000318494	FC18	MEDICARE	FC18	MEDICARE	None	PB	
AN100000000514		9/14/2018	N	2722	9/14/2018	1000090395	FC28	FEDERAL	FC28	FEDERAL	None	HB	
AN100000000672		9/7/2018	N	V58.11	9/7/20						None	HB	
AN100000000795	2334192	9/2/2018	N	781.2	9/2/20						None	PB	
AN100000000988		9/3/2018	N	2724	9/3/20						None	HB	
AN100000001492	1877953	9/20/2018	N	427.31	9/20/2						None	PB	
AN100000002049	2106964	9/14/2018	N	790.6	9/14/2						None	PB	
AN100000002415		9/6/2018	N	424.1	9/6/20						None	HB	
AN100000002418	2472497	9/16/2018	N	V12.72	9/16/2						None	PB	
AN100000002604		9/6/2018	N	287.5	9/6/2018	1000351245	FC18	MEDICARE		NONE	Residual	HB	9/6/2018

AN100000000315	1175710	7/9/2018	N	724.2
AN100000000672		9/7/2018	N	V58.11
AN100000000795	2334192	9/2/2018	N	781.2

Drill
Filter on Selections
Create Group
Create Calculation
Copy cell value
Card View
Detailed Card View

Individual Account View

- Includes related account transaction details



ACCOUNT DETAILS

ACCOUNT DETAILS

AS Abbie Shreeve

ATTRIBUTE	VALUE
Pt Name	Abbie Shreeve
Acct Num	AN100000000315
Facility Name	Red Spruce Clinic
Age by Discharge	89
Admit Date	07/09/2018
Discharge Date	07/09/2018
Final Bill Date	07/15/2018
Last Pmt Date	
Collection Segment	0
Current Payer Group	MEDICARE
Orig Payer Group	MEDICARE
Current Balance	$ 0.00
Current Pt Balance	$ 0.00
Expected Reimb	
Total Adjustments	$ 0.00
Total Chg	$ 0.00
Total Payments	$ 0.00
Last Denial Category	Medical Necessity
Pt Type	Outpatient
Diagnosis	724.8
DRG	NONE
EMPI	
Guar SSN	1001018421
MRN	10604899

ADDITIONAL ACCOUNTS

835 ADJUSTMENTS

MO...	RE...	CLA...	PAY...	AM...	CLA...	REA...	DE...	DE...	DE...	RE...	RE...	RE...	RE...	RE...	FAC...

ADDITIONAL ACCOUNTS

ACCT NUM	MRN	FACILITY NAME	PT TYPE	ADMIT DATE	DISCHARGE DATE	FINAL BILL DATE	CURRENT PAYE...	OR
AN100000776521	10498145	Red Spruce Clinic	Outpatient	10/07/2016	10/07/2016		ANTHEM	A
AN100002945774	11178138	Red Spruce Clinic	Outpatient	10/07/2016	10/07/2016		MMO	M
AN100001017189	10995363	Red Spruce Clinic	Outpatient	10/07/2016	10/07/2016		Unmapped	U
AN100000327268	10995363	Red Spruce Clinic	Outpatient	10/07/2016	10/07/2016		Unmapped	U
AN100000766455	11450173	Red Spruce Clinic	Outpatient	10/31/2016	10/31/2016		UHC	U
AN100000766455	11450173	Red Spruce Clinic	Outpatient	10/31/2016	10/31/2016	11/03/2016	UHC	U
AN100001067038	12053005	Red Spruce Clinic	Outpatient	10/31/2016	10/31/2016	10/31/2016	SELF PAY	SI
AN100000766455	11450173	Red Spruce Clinic	Outpatient	10/31/2016	10/31/2016	11/03/2016	UHC	U
AN100000542885	10454494	Red Spruce Clinic	Outpatient	11/06/2016	11/06/2016	11/06/2016	SELF PAY	SI
AN100000683563	11450173	Red Spruce Clinic	Outpatient	11/07/2016	11/07/2016	11/11/2016	UHC	U
AN100000683563	11450173	Red Spruce Clinic	Outpatient	11/07/2016	11/07/2016	11/11/2016	UHC	U

CHARGES

CHARGE POST ...	CHARGE SERVI...	QUANTITY	TOTAL CHGS	CPT/HCPCS CODE	DAYS BETWEEN	LATE CHARGE F...	MEDICAL SERVICE	FAC
			$ 6,394.00					
07/14/2018	07/09/2018	1	$ 0.00		5	Y	Service 300	Red
07/14/2018	07/09/2018	1	$ 0.00		5	Y	Service 300	Red
07/14/2018	07/09/2018	1	$ 0.00		5	Y	Service 300	Red
07/14/2018	07/09/2018	1	$ 0.00		5	Y	Service 300	Red
09/03/2018	07/09/2018	1	$ 2,836.00		194	Y	Service 390	Red
09/03/2018	07/09/2018	1	$ 1,186.00		194	Y	Service 390	Red
09/03/2018	07/09/2018	1	$ 1,186.00		194	Y	Service 390	Red
09/03/2018	07/09/2018	1	$ 1,186.00		194	Y	Service 390	Red

TRANSACTIONS

TXN POST DATE	AMOUNT	PROCEDURE	TXN TYPE	TXN SUB TYPE 1	TXN SUB TYPE 2	TXN DESC	TXN PAYER GRO...	DE
	$ 0.00							
07/23/2018	$ 0.00	64635	PAYMENT	P.INSURANCE	Unmapped	INSURANCE	MEDICARE	M

2,260 Bed Hospital in the Northeast

DENIALS

INPATIENT DENIALS

$12M Decrease

OUTPATIENT DENIALS

$22M Decrease

RECOVERED REVENUE

$34 MILLION

SUMMARY

TAKE AWAYS

Highly Preventable Denials

- Care Coordination
- Eligibility
- Authorization
- COB

Highly Overturnable

- Authorization
- COB
- Requests for Information

Areas to Watch

- Prior Auth
- DRG Downgrades
- Payer Guideline Changes
- High Cost Injectibles/Formulary

1. Figures reflect YTD first remit denials as of 4/26/22

Automation

STAFFING CHALLENGES

1/3

1/3 Of Revenue Cycle Teams Are Understaffed By At Least 20 People

20

IT'S

You're (*hopefully*) sleeping...

Bots are working your accounts.

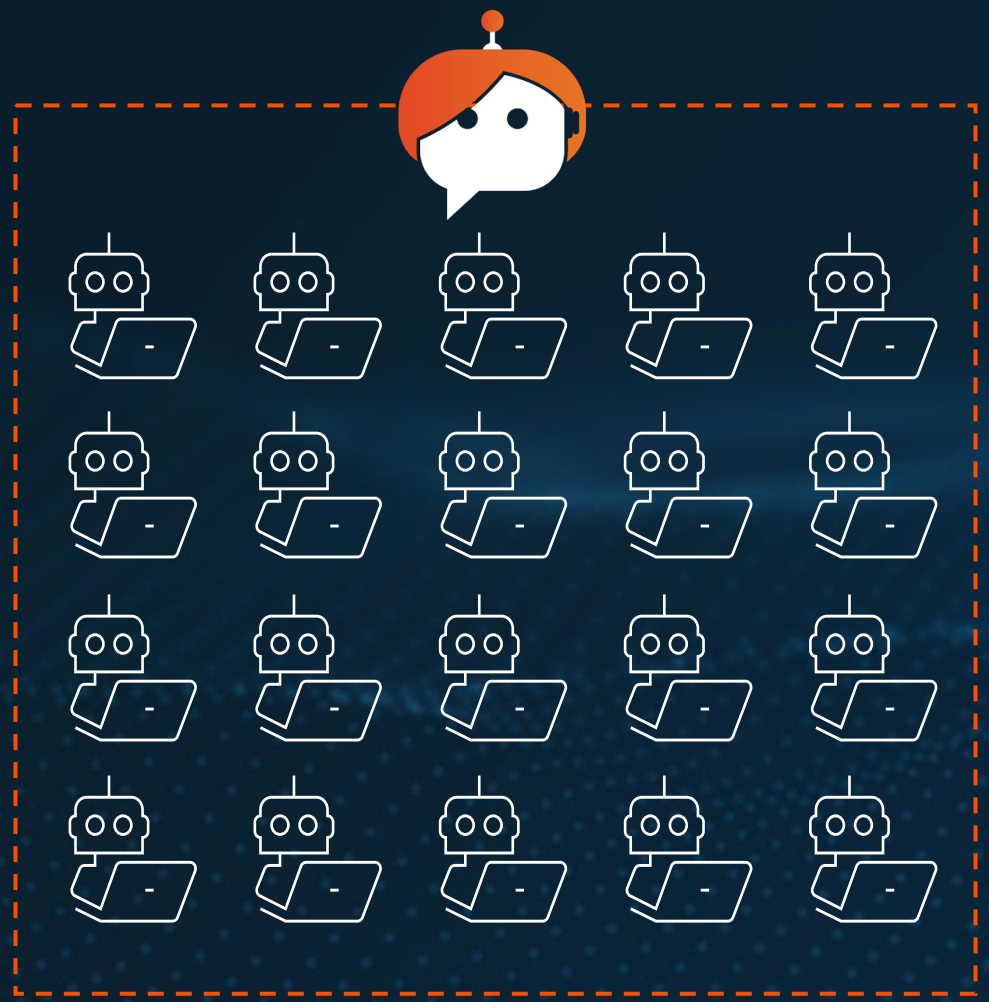
The Case For Automation

ACCOUNTS

HUMAN	BOT
400 Accounts/Week	4,740 Accounts/Week
19,600 Accounts/Year	246,480 Accounts/Year

PRODUCTIVITY INCREASE

1100%



EXCEPTIONS + TASKS THAT NEED HUMANS

Automating Claims Status:

Saves 22 Min Per Account

Cost Decreases From $13.66 to $1.54 Per Transaction

Source: CAQH 2021 Index Report

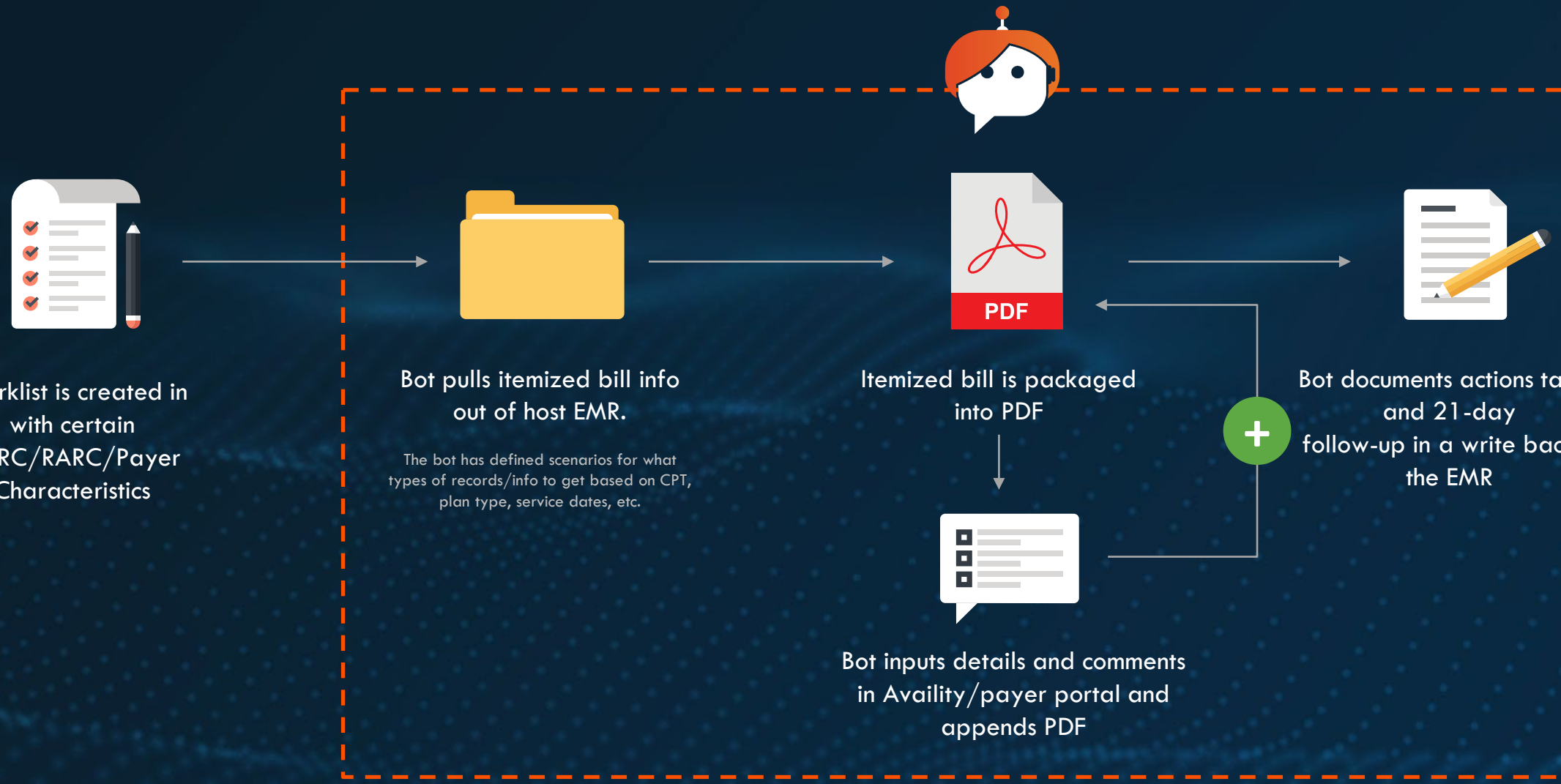
DENIALS SEGMENTATION

Commercial Payer 1: Top denial drivers, types, and subtypes

	Denial Type	YTD Denials	Volume	Top Payer	Drivers	Largest Denial Reason(s)	Amt	Accts	Rolling 3 vs 6 mo.
1	Authorization Missing or Invalid	$12.7M	649		• Precertification/authorization/notification/pre-treatment absent (CARC 197) • The third-party administrator/review organization did not receive the required information (RARC 788)	1. Authorization absent or missing	$12M	598	↑ 17% $477k
2	Missing or Invalid Documentation	$11.2M	511		• An attachment or document is required to adjudicate this claim/service (CARC 252) • Missing patient medical record for this service (RARC M127, $6.1M)	1. Missing medical record	$6.7M	413	↓ 17% $621k
3	Information from Member	$9.1M	345		• Missing/incomplete/Invalid questionnaire needed to complete payment determination (RARC N686) • Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information (RARC N179)	1. Missing questionnaire 2. Information from member	$4.7M $3.2M	82 194	↑ 12% $284k
4	**Missing Itemized Bill**	**$6.2M**	**39**		• **An itemized bill/statement is missing and is required to adjudicate this claim/service (RARC N26)**	**1. Missing itemized bill**	**$6.2 M**	**39**	**↓ 17% $329k**
5	COB	$4.5M	407		• An attachment or document is required to adjudicate this claim/service (CARC 252) • Secondary payment cannot be considered without identity of or payment information from the primary payer. The information was either not reported or was illegible.	1. Missing primary EOB	$2.7M	344	↑ 10% $116k

ITEMIZED BILL REQUEST AUTOMATION

Responses to payers through portals like Availity can be done through automating worklists.



Itemized Bill Automation For One Payer

ACCOUNTS

PER DAY

2 Hours 20 Min Saved

ANNUALLY

609 Hours Saved

PRODUCTIVITY INCREASE

.3 FTE

What Solves The Problem?

People

Process

Technology

Take Command of Your Data

Get an ROI

Not an ~~IOU~~

Thank you!

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